

B100a – Plan Review Application

- Fees:** ☐ Building Conversion/Change in Use \$85.00 ☐ Preliminary Septic Review for New Construction \$ 110.00
☐ Addition/Renovation \$ 60.00 ☐ Subdivision/Preliminary Septic Review \$ 60.00
☐ Accessory Structure \$ 35.00 ☐ Sewage Disposal Preservation \$ 35.00 (describe): _____
☐ Lot Line Change \$ 35.00

Street Location _____ **Map** _____ **Lot** _____

Property Owner Name _____ Phone _____
Mailing Address _____ Email _____

Applicant Name _____ Phone _____
Mailing Address _____ Email _____
License # (if applicable) _____ License Exp. Date _____

I hereby request Health Department approval of a plan to

- ☐ **Building Conversion/Change the Use**
☐ Change Use of an Existing Building from _____ to _____
☐ Increase the number of employees from _____ to _____
☐ Increase water usage due to: _____
☐ Winterize a seasonal building
- ☐ **Build an addition or renovate an existing building. This addition or renovation will:**
☐ Increase habitable space in the existing structure by _____ sq.ft. ☐ Increase lot coverage by _____ sq.ft.
☐ Increase the number of bedrooms from _____ to _____
- ☐ **Construct or Increase the size of an accessory structure:** Per CT PHC Sec. 19-13-B100a, accessory structures are non-habitable structures which are NOT served by a water supply and the use is incidental to residential or non-residential buildings
☐ Garage _____ sq. ft. ☐ Open Deck/Porch _____ sq. ft. ☐ In-ground pool
☐ Shed/Gazebo _____ sq. ft. ☐ Three-season/Sun Room _____ sq. ft. ☐ Above-ground pool
☐ Barn _____ sq. ft. ☐ Other accessory building type: _____ & _____ sq. ft.
☐ Modify Lot line(s) on property (property survey must be submitted)
- ☐ **Preliminary Review of Septic System**
☐ Existing lot with septic system ☐ Existing Lot (Vacant Land) ☐ Create subdivision with ____ (#) of lots.
- ☐ **Sewage Disposal Preservation Area:** (Irrigation lines, walls or cuts downgradient of the leaching system, or other projects which change the soil hydraulics)

Provide a brief description of the project _____

The following information must be provided with this application: (check attached documents)

- ☐ Site plan layout showing the property lines, all existing structures, proposed addition/modification, size and location of the existing septic system (tank & leach fields) and well or public water line.
☐ Existing septic layout (As-Built) ☐ No septic records available ☐ Soil test data (if available)
☐ Current septic pump-out report ☐ Date of pump-out: _____ Pumper Name: _____

Health Dept Review of the B100a Application

FOR OFFICE USE ONLY

Street Location _____ Map _____ Lot _____

Is the parcel in a **Water Resource District**? ☐ Yes (refer to zoning regs Section 104E.5) ☐ No
☐ Is a Nitrate and Coliform Analysis Required? ☐ No

Preliminary Review of New Construction or Subdivision? ☐ Yes ☐ No Plan Date _____

Existing Septic System Information: AS-BUILT on file? ☐ Yes ☐ No Lot Size _____

Septic Design Size _____ Installation Date _____ Installer _____ License # _____

Tank Size _____ Pump Chamber _____ SF Prov'd _____ SF Req'd _____

Leaching System (describe) _____

NOTES _____

B100a Septic System Requirements

Soil Test Date

Does the septic system meet B100a requirements? ☐ Yes ☐ No

Is additional Soil Test Needed? ☐ Yes ☐ No

Has a Code Complying Area been determined? ☐ Yes ☐ No

Testing used from another property located at:

If NO, has a repair area been determined? ☐ Yes ☐ No

Is a repair/modification required? ☐ Yes ☐ No

Percolation Rate _____ min/inch

☐ **Not Approved:** Proposal must be re-submitted with a plan showing potential area for septic system that meets all requirements of the CT PHC Section 19-13-B100a. Please contact the Health Department.

☐ **Approved** with the following modifications of the existing septic system _____

☐ **Preliminary Approval** for septic design (new construction) _____

☐ **Approved** with no modification of the existing septic system _____

Signature: _____ Date: _____
Director of Health, Registered Sanitarian or Authorized Agent

Application # _____ Date _____ Fee Paid (check #) _____